



035737-000003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Michael D. Laufer  
SERIAL NO.: 10/687,954  
FILING DATE: October 17, 2003  
TITLE: MINIMALLY INVASIVE GASTROINTESTINAL BYPASS  
ART UNIT: [not yet assigned]  
EXAMINER: [not yet assigned]

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Diane Morse

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT**

Dear Sir:

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 16 of this paper.

**Remarks** begin on page 17 of this paper.



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/687,954	
	Filing Date	10/17/03	
	First Named Inventor	Michael D. Laufer	
	Art Unit	[not yet assigned]	
	Examiner Name	[not yet assigned]	
Total Number of Pages in This Submission		Attorney Docket Number	035737-000003

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Preliminary Amendment</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Adrienne Yeung, Reg. No. 44,000 - Thelen Reid & Priest LLP
Signature	
Date	12/16/03

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